

**IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF ALABAMA  
NORTHERN DIVISION**

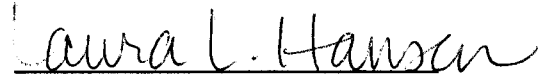
SHARON LEA MANNING WAID,	)	
	)	
Plaintiff,	)	
	)	
v.	)	Civil Action No.: <b>2:06-cv-00171-MEF</b>
	)	
REJEANA V. FREEMAN, et al.	)	
	)	
Defendants.	)	

**DECLARATION OF CAPTAIN LAURA HANSEN**

I, Laura L. Hansen, declare that the following statements are true and correct to the best of my knowledge and belief, and are based on my personal knowledge:

1. I am a Captain on active duty in the United States Air Force.
2. I am currently assigned as a Judge Advocate officer in the 42nd Air Base Wing, Maxwell Air Force Base, Alabama.
3. Among my duties and responsibilities is Claims officer.
4. On August 24, 2005, I personally received the SF-95, administrative claim for damage, injury, or death, attached as Exhibit A, from plaintiff's attorney, Tom Payne, at the visitor center of Maxwell, AFB.
5. I wrote the date of receipt on the front of the SF 95 and initialed it LLH. My annotation accurately reflects the date the SF 95 was filed.

Pursuant to 28 U.S.C. § 1746 (2) I declare under penalty of perjury that the foregoing is true and correct. Executed this 23<sup>rd</sup> day of March, 2006.

A handwritten signature in cursive script that reads "Laura L. Hansen". The signature is written in dark ink and is positioned above the printed name.

Laura L. Hansen  
Captain, United States Air Force  
42<sup>nd</sup> ABW, Maxwell AFB, Alabama

**EXHIBIT A  
TO  
DECLARATION OF CAPTAIN LAURA HANSEN**

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008 EXPIRES 5-31-05	
1. Submit To Appropriate Federal Agency: United States Air Force Attention: Claims AU-JA 50 LeMay Plaza Maxwell AFB, Alabama 36113			2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code) Sharon Lea Manning Waid, 1617 Queen Elizabeth Dr., Montgomery, Alabama 36117		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 4/22/65	5. MARITAL STATUS S	6. DATE AND DAY OF ACCIDENT 8/26/03	7. TIME (A.M. OR P.M.) 1710mt	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.) I was lawfully driving my car in Montgomery, Ala., when my car was struck from behind by a car driven by Rejeana V. Freeman USAF causing injured to my person, including my neck, back and cervical areas. I was diagnosed as having suffered displacement cervical IVD syndrome, cervicalgia, multiple thoracic subluxations, sprain/strain of neck and Lordosis. My medical records indicate that these injuries are recurrent as to pain and stiffness in the cervical areas.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code) same as claimant but insurance has paid property damages					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side) I did not repair my car and it is located at my above home address.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT displaced cervical IVD syndrome, cervicalgia, multiple thoracic subluxations, sprain/strain of neck and Lordosis. My medical records indicate that I will have recurrent problems with these injuries.					
11. <b>WITNESSES</b>					
NAME			ADDRESS (Number, street, city, State, and Zip Code)		
CPl. S. R. Gann Badge 158 City of Montgomery Police Dept. *My medical Doctors			320 North Ripley Street Montgomery, Alabama 36104		
12. (See instructions on reverse) <b>AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE Pd for already	12b. PERSONAL INJURY \$50,000	12c. WRONGFUL DEATH n/a	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$50,000.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) <i>Sharon Lea Manning Waid</i>			13b. Phone number of signatory 334-210-3700		14. DATE OF CLAIM
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the United States: (See 31 U.S.C. 3729.)			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Imprisonment for not more than five years and shall be subject to a fine of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the United States. (See 18 U.S.C.A. 287.)		

95-108  
Previous editions not usable

NSN 7540-00-634-4046

STANDARD FORM 95 (Rev. 7-85)  
PRESCRIBED BY DEPT. OF JUSTICE  
28 CFR 14.2

Maxwell AFB 05-583

Rec'd 24 Aug 05 H&amp;A/JAD Maxwell AFB, AL LHH